SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

10716/12

3235-0076 OMB Number: UNIFORM LIMITED OFFERING EXEMPTION **SEC USE ONLY Prefix** Serial DATE RECEIVED

| 12/2843 | |
|---|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate changed | ge.) |
| Campusfood.com, Inc Common Stock and Warrants to Purchase Common Stock | |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 | Section 4(6) ULOE |
| Type of Filing: ☐ New Filing ☐ Amendment | |
| A. BASIC IDENTIFICATION DAT | Ά |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, an | d indicate change.) |
| Campusfood.com, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 200 Varick Street, 5th Floor, New York, NY 10014 | Telephone: (212) 616-3070 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | (if different from Executive Offices) |
| Brief Description of Business | |
| Provier of a network of collegiate restaurants for internet ordering and student marketing to | to schools |
| Type of Business Organization | PROCESSED |
| ☐ corporation ☐ limited partnership, already formed | other (please specify: |
| ☐ business trust ☐ limited partnership, to be formed | ₿ AUG 06 2004 |
| | THORSON |
| Actual or Estimated Date of Incorporation or Organization: Month Year 1 0 9 9 | ☐ Actual ☐ Estimated FINANCIAL |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation | for State: |
| CN for Canada; FN for other foreign jurisdiction) | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control

SEC 1972(2-97) 1 of 9

| Each promoter of the i | | g: as been organized within th | ne past five years: | | |
|--|---|---|--------------------------------|---------------------|------------------------------------|
| ☐ Each beneficial owner the issuer; | having the power to | vote or dispose, or direct t | the vote or disposition of, 10 | 0% or more of a c | lass of equity securities of |
| | - | • | ate general and managing p | artners of partners | ship issuers; and |
| ☐ Each general and man | aging partner of part | nership issuers. | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Kenneth Cron | | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | | | 014 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Jed Schutz | · | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | | | 014 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Frank Blot | | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | (Number and Street, 5 th | , City, State, Zip Code) Floor, New York, NY 10 | 014 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Mark Brenner | · | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | (Number and Street 0 Varick Street, 5 th | City, State, Zip Code) Floor, New York, NY 10 | 014 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Sharon Dauk | | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | | | 014 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if it N. Scott Fine | | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | | | 014 | | |
| Check Box(es) that Apply: | | □ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if is Michael Saunders | | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | | | 014 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in Lev Steshenko | <u> </u> | | | | |
| Business or Residence Address c/o Campusfood.com, Inc., 20 | | | 014 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in Ira Sobotko | <u> </u> | | | | |
| Business or Residence Address | | | 014 | | |

| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | | Director | ☐ General and/or |
|--|---------------------|------------------------|---------------------|-------------|-----------------------------------|
| Full Name (Last name first, if i | ndividual) | | | | Managing Partner |
| Jon Moon Business or Residence Address | | City State Zin Code) | | | |
| c/o Campusfood.com, Inc., 20 | | | 014 | | |
| Check Box(es) that Apply: | ☐ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Lori Garofalo | | | | | |
| Business or Residence Address 100 Horseshoe Road, Mill Ne | | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if it | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | · | | - |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if it | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if it | ndividual) | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| | (11111 | 1 112 | 1 | | |

| <u>*</u> | | | oren a work Wolfer Common | | B. INFOR | MATION A | BOUT OF | FERING | ¥ | | | |
|--|---|--|--|---|-------------------------------------|------------------------------|------------------------------|--|------------------------------|------------------------------|------------------------------|------------------------------|
| 1. Has | the issuer so | ld, or does t | the issuer int | tend to sell, | to non-accre | edited inves | stors in this o | offering? | | | Yo | |
| | | | | Answer | also in App | endix, Colu | ımn 2, if fili | ng under UI | LOE. | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | ı | | |
| 3. Doe | s the offerin | g permit joir | nt ownership | of a single | unit? | | | •••••• | | | Ye | |
| sim is a brol the | er the inform ilar remuner n associated ker or dealer information | ation for so person or a . If more the for that brother than the broth | licitation of gent of a br nan five (5) ker or dealer | purchasers oker or dea persons to l | in connectio ler registere | on with sale d with the S | s of securiti SEC and/or | es in the off with a state | ering. If a or states, li | person to be st the name | listed of the | |
| | me (Last na quities, a Di | | | ge Services | s. Inc. | | | | | | | |
| Busines | ss or Resider Avenue, 57 | ce Address | (Number an | d Street, Ci | | p Code) | <u> </u> | | | | | |
| Name o | of Associated | Broker or l | Dealer | | | | | | | <u> </u> | | |
| | n Which Per | | | or Intends | to Solicit Pu | ırchasers | | ************************************** | | | | |
| (C | heck "All St | ates" or che | ck individua | I States) | | | | | | | 🗆 Al | l States |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| | me (Last nar | | | | | | | | | | | |
| Busines | s or Residen | ce Address | (Number an | d Street, Cit | ty, State, Zip | Code) | | | | | · | |
| Name o | f Associated | Broker or I | Dealer | ···· | - · · · · · · · · · · · · · · · · · | | | | | | | |
| States in | n Which Pers | sons Listed | Has Solicite | d or Intends | to Solicit P | urchasers | | | | | | |
| (C | heck "All St | ates" or che | ck individua | l States) | | | | | | | □ Al | l States |
| [AL] [IL] [MT] [RI] Full Nai | [AK] [IN] [NE] [SC] me (Last nar | [AZ] [IA] [NV] [SD] ne first, if in | [AR] [KS] [NH] [TN] dividual) | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| Busines | s or Residen | ce Address | (Number and | d Street, Cit | y, State, Zip | Code) | | | | | | |
| Name o | f Associated | Broker or I | Dealer | | | | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | |
| States in | Which Pers | ons Listed | Has Solicited | d or Intends | to Solicit P | urchasers | | | | | | |
| (CI | heck "All St | ates" or che | ck individua | l States) | | | | | | | ☐ Al | l States |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary) 4 of 9

| | already exchanged. | | Aggregate | | Amount Already |
|---|---|-------------|---|----------------------|---|
| Гу | ype of Security | | Offering Price | | Sold |
| | ebt | <u>\$_</u> | | \$ | |
| Eq | quity | \$_ | 4,000,000 | \$ | 3,000,000 |
| | ☐ Common ☐ Preferred | | | | |
| | onvertible Securities (including warrants)Warrants to Purchase Common Stock | \$ | * | <u>\$</u> _ | * |
| | artnership Interest | \$ | | <u>\$_</u> | |
| Ot | ther (Specify) | \$_ | | \$ | |
| | Total | \$ _ | 4,000,000 | \$ | 3,000,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | |
| | * Aggregate offering price and amount already sold included with equity | | | | |
| off the | atter the number of accredited and non-accredited investors who have purchased securities in this fering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate a number of persons who have purchased securities and the aggregate dollar amount of their irrchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | |
| | | | Number of Investors | | Aggregate Dollar Amount of Purchases |
| Αc | ceredited Investors | | 1 | \$ | 3,000,000 |
| No | on-accredited Investors | | 0 | \$ | 0 |
| | Total (for filings under Rule 504 only) | | N/A | \$ | N/A |
| sol | this filing is for an offering under Rule 504 or 505, enter the information requested for all securities ld by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the st sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | | |
| Ту | vpe of Offering | | | | |
| | pe of Offering | | Type of Security | | Dollar Amount Sold |
| Ru | | | Security | \$ | Sold |
| | ıle 505 | | Security N/A | \$ \$ | Sold N/A |
| Re | ule 505egulation A | _ | N/A N/A | \$ \$ \$ | Sold N/A N/A |
| Re | ıle 505 | | Security N/A | \$ \$ \$ \$ | Sold N/A |
| Re Ru 4. a. second Tra Pri Lea | Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the issuer, the information may be given as subject to future contingencies. If the amount of an expenditure is to know, furnish an estimate and check the box to the left of the estimate. In ansfer Agent's Fees. In ansfer Agent's Fees. In ansfer Agent's Fees. In ansfer Agent's Fees. In ansfer Agent's Fees. | | N/A N/A N/A | \$ | Sold N/A N/A N/A |
| Re Ru 4. a. sec The not Tra Pri Le Ac En | rotal Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the issuer, the information may be given as subject to future contingencies. If the amount of an expenditure is to know, furnish an estimate and check the box to the left of the estimate. ansfer Agent's Fees. inting and Engraving Costs. agal Fees. counting Fees. | | N/A N/A N/A N/A N/A O O O O O O O O O O O O O O O O O O | \$ | Sold N/A N/A N/A N/A N/A S 0 49,000 0 0 0 0 |
| Re Ru 4. a. sec The not Tra Pri Lea | Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the issuer, the information may be given as subject to future contingencies. If the amount of an expenditure is to know, furnish an estimate and check the box to the left of the estimate. In ansfer Agent's Fees. In ansfer Agent's Fees. In ansfer Agent's Fees. In ansfer Agent's Fees. In ansfer Agent's Fees. | | N/A N/A N/A N/A O O O O O O O O O O O O O O O O O O | \$ | Sold N/A N/A N/A N/A N/A S 0 49,000 0 0 |

1. Enter the aggregate offering price of securities included in this offering and the total amount already

^{*} Fine Equities, a Division of Leeb Brokerage Services, Inc., also received (or will receive upon the occurrence of future contingencies) warrants to purchase up to 320,000 shares of common stock.

| and total expenses furnished in re | aggregate offering price given in response to Part C - Questsponse to Part C - Question 4.a. This difference is the "ad | ljusted | | | \$ | | 3,591,000 |
|--|--|---------------------------------------|------------|--------------------------------------|-----|-------------|-----------------------|
| for each of the purposes shown. If the check the box to the left of the estimates of the state o | djusted gross proceeds to the issuer used or proposed to be the amount for any purpose is not known, furnish an estimatimate. The total of the payments listed must equal the addin response to Part C – Question 4.b above. | te and | | | | | |
| | | | Oi Dire | ents to fficers, ectors, & ffiliates | | I | Payments to Others |
| Salaries and fees | | | \$ | | | \$ | |
| Purchase of real estate | | | \$ | | | \$ | |
| Purchase, rental or leasing and | d installation of machinery and equipment | | \$ | | | \$ | <u></u> - |
| Construction or leasing of plan | nt buildings and facilities | | \$ | | | \$ | |
| offering that may be used | ses (including the value of securities involved in this in exchange for the assets or securities of another | | | | _ | | |
| | | | \$ | | - 📙 | <u>\$</u> _ | |
| | | | <u>\$</u> | | . 🛚 | \$ | |
| | | | \$ | | _ 🗵 | \$_ | 3,591,000 |
| Other (specify): | | | \$ | | _ 🗆 | \$ | |
| | | | \$ | | | \$ | |
| | | | \$ | | _ 🗆 | \$ _ | |
| | | | \$ | | | \$_ | 3,591,000 |
| Total Payments Listed (colum | n totals added) | | | ☒ | \$ | — | 3,591,000 |
| | D. FEDERAL SIGNATURE | · · · · · · · · · · · · · · · · · · · | | | | | |
| onstitutes an undertaking by the issuer | be signed by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange Commission dited investor pursuant to paragraph (b)(2) of Rule 502. | | | | | | |
| ssuer (Print or Type) | Signature | Date Aug | ust 4, 200 | 4 | | | |
| Campusfood.com, Inc. Vame of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | |
| rame of signer (11mt of 13pe) | True offorgues (Trust of Type) | | | | | | |
| ra Sobotko | Chief Financial Officer | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)